PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

101·003

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	*29*	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	*29* minus 20=	* *9*
INDEPENDENT CLAIMS	*6* minus 3 =	* *3*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ **OR OTHER THAN SMALL ENTITY**

	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
BASIC FEE		355.00	OR BASIC FEE		710.00
	X$ 9=		OR	X$18=	*162*
	X40=		OR	X80=	*240*
	+135=		OR	+270=	
	TOTAL		OR TOTAL		*412*

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR OTHER THAN SMALL ENTITY

	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X40=		OR	X80=	
	+135=		OR	+270=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X40=		OR	X80=	
	+135=		OR	+270=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X40=		OR	X80=	
	+135=		OR	+270=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

JC929 U.S. PTO
09/769577
01/25/01

DATE: _01 - 26 - 01_

TO: _Utility_

FROM: Office of Initial Patent Examination
Unit 7 (RAM Team)

SUBJECT: Insufficient Funds

Deposit account number _50 11 70_

On _01 - 29 - 01_ there were insufficient funds available to charge the attached fee.

If you have any question, please contact Cynthia Streater (OIPE/JCWS RAM- Team) at 703-306-5430.

Terminal Operator: _Askela_

FORM OIPE-RAM-03 (Rev 2/5)